

**Nomination Form ► SISTER JOAN CASSIDY AND MICHAEL CUSEO**

**PURPOSE OF AWARDS:** The New York Chapter of the American College of Health Care Administrators (NYC-ACHCA) will have two awards to be presented to selected nominees at the annual Sister Joan Cassidy / Michael Cuseo Fundraiser. The awards shall be the **Sister Joan Cassidy Award**, for the industry individual who has shown their commitment to diversity and inclusion in elder care administration and promotion of staff leadership. The second award will be the **Michael Cuseo Award**, for Vendors or College supporters that have the same commitment to diversity and inclusion within the industry but are not directly facility connected.

**ELIGIBILITY:** All award winners must hold a membership in NYC-ACHCA either through National Membership (Professional or Emerging Professional) or through NYC-ACHCA membership as a Business Affiliate (any level) at the time of the award. Those making the nomination must also be NYC-ACHCA members.

The nominee’s eligibility shall be based on documented administrative accomplishments in the following areas:

- Active participation on the NYC-ACHCA Diversity and Inclusion Committee or other committee work dealing with these issues.
- Active participation on an ACHCA National Committee targeted to D&I issues.
- Organizations or individuals that have assisted in D & I efforts in NYC-ACHCA or in their community.
- Improving cultural competency through educational initiatives.
- Create partnerships between managers and staff to resolve diversity workplace issues.
- Promote diversity and inclusivity in the workplace through education and the communication of ideas.
- Address key areas of diversity, equity, and inclusion such as recruitment, retention, department climate or community outreach.

**NOMINEE INFORMATION**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (with area code) \_\_\_\_\_ Fax Number: \_\_\_\_\_  
ACHCA Membership Status: Member  Fellow  Certified Member  Certified Fellow   
Date Joined ACHCA: \_\_\_\_\_ Email \_\_\_\_\_

PLEASE DESCRIBE AND attach EXAMPLES OF HOW THE NOMINEE HAS FULFILLED THE CRITERIA ABOVE: (COMPLETED BY NOMINATOR - ATTACHED TO NOMINATION FORM)

**REFERENCES**

Two (2) personal letters of reference for the nominee are to be sent directly to the Awards Chairperson. Each letter should be on company letterhead and include the writer’s name, title, and relationship to nominee, contact information, and ACHCA membership status.

**NOMINATOR INFORMATION**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (with area code) \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail \_\_\_\_\_

BEFORE YOU SUBMIT, BE SURE THAT THE FOLLOWING ARE COMPLETE:

- Original nomination form - completed
- Nominator’s answers to three questions - attached
- (2) Letters of reference sent directly to Awards Committee

SEND NOMINATION MATERIALS TO:  
Keith Chambery, FACHCA  
NYC/ACHCA Awards Committee  
c/o Genesee Health Facilities Assoc.  
40 Barrett Drive  
Webster, NY 14580  
kchambery@ghfa.org

